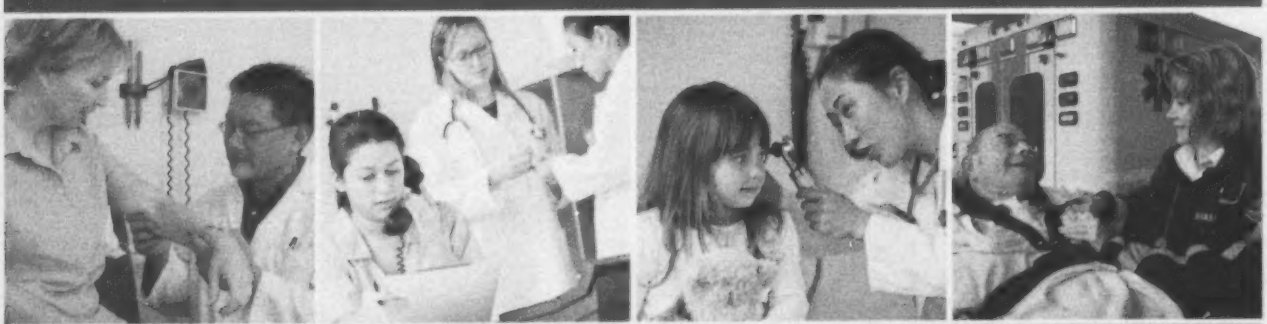
BRITISH COLUMBIA

Patient Care Quality Review Boards



Annual Report 2010/2011

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Letter to the Minister of Health

June 2011

The Honourable Michael De Jong
Minister of Health
Room 337, Parliament Buildings
Victoria, BC V8V 1X4

Dear Minister:

It is our pleasure to present the Patient Care Quality Review Board's Annual Report for the period from April 1, 2010 to March 31, 2011. This report has been prepared in accordance with sections 15(1) and 16(1) of the *Patient Care Quality Review Board Act*.

On behalf of our members, we want to recognize the diligent support of our staff. We would like to acknowledge the ongoing dedication of frontline healthcare workers to providing quality care, and the commitment of health authorities to improving care quality in British Columbia. We would also like to thank patients, clients, residents, and their loved ones for sharing their concerns.

Respectfully submitted,

Dr. John H Chritchley

Chair, Fraser/Vancouver Coastal/Provincial Health Services Patient Care Quality Review Boards

William Norton

Chair, Northern Patient Care Quality Review Board

Roger Sharman

Chair, Interior Patient Care Quality Review Board

Richard J. Swift, Q.C.

Chair, Vancouver Island Patient Care Quality Review Board

Executive Summary

Recommendations

In 2010/11, the Board made 75 recommendations for quality improvement, prompting health authorities to take initiative on a broad range of concerns. The Boards accepted and completed more reviews in 2010/11 than in the previous year, indicating positive growth in the awareness of the review process.

Key Themes

Communication: In 2010/11, a key theme in the Boards' reviews was once again communication. The Boards noted that improved communication throughout all care settings and especially between care staff, patients, and their families would improve how patients experience their care. Effective and accurate communication with patients or their loved ones was at the heart of many care quality complaints.

Most Responsible Physician (MRP): The Boards noted a continuing lack of clarity about a patient's 'most responsible physician' (the clinician most responsible for their care) in a number of reviews. In some instances the family was simply unaware of whom the most responsible physician was, in other cases the numerous physicians and other health care professionals involved in the care made it unclear who the most responsible physician was.

Care Planning & Patient Transfers: The Boards also noted misunderstandings about discharge arrangements, and transfer plans and process. Recommendations focussed on the need for patients and their loved ones to be provided with more detailed information prior to discharge or transfer.

Empathy: Many patients or their loved ones requested detailed answers to questions about care (e.g. the rationale for a given medical procedure). The Board found in many instances that the communication that was received was often technical and high level and would have been enhanced by more thorough information and empathy.

Care Quality Improvements

Health authorities took action for individual patients and their loved ones — including face-to-face meetings between families and care teams to answer questions, third-party mediation for disputes, and reinstating services for patients who need them.

They also took action on regional and facility levels — including new or improved policies and protocols, education and in-service training for staff, and tools for communicating about discharge arrangements, ambulance transfers, and patient condition.

The Minister of Health activated system-wide changes in response to the two Board recommendations. Actions supported by the Ministry include an ongoing review of housekeeping standards in health care facilities and a review of Choices and Supports for Independent Living to ensure that information is easily accessible for patients and their loved ones.

"Our Boards provide an independent avenue for patients, clients, residents, and their loved ones to share concerns about the quality of their care. Each complaint represents an opportunity to understand health care issues from the unique perspective of patients, and every review is an opportunity to build a more positive patient experience. The Patient Care Quality Review process allows all those people who experience our health care system to spark quality improvement, supporting a more accessible, transparent, patient-centred health care system."

Dr. Jack Chritchley
Board Chair for the Fraser, Vancouver Coastal & Provincial Health Services Patient Care Quality Review Boards

Introduction

In May 2008, the provincial government introduced the *Patient Care Quality Review Board Act* (the Act), which established a clear, consistent, timely, and transparent patient complaints process in British Columbia.

Patient Care Quality Office

Each health authority was required to establish a central Patient Care Quality Office (PCQO) to receive and respond to patient concerns. PCQOs formally register, track, respond to, and report on patient concerns.

The Act also established six Patient Care Quality Review Boards (the Boards) — one aligned with each health authority. Independent from the health authorities and accountable to the Minister of Health, the Boards review patient care quality complaints that have first been addressed, but not resolved, by a health authority's PCQO.

After completing a review, the Boards may make recommendations to the health authority and/or the Minister of Health (the Minister) for care quality improvement and to improve the complaints process itself.

1 **Local level complaints resolution**
Patient complaints are best resolved at the time and place they occur. Patients and their loved ones are encouraged to first speak with the person who provided the service.

2 **Patient Care Quality Offices**
If patients are unable to resolve their complaints at the time of service, or they wish to make a formal complaint, they can contact the PCQO for their region (see Further Information, page 44).

3 **Patient Care Quality Review Boards**
If patients are not satisfied with the response from the PCQO, or with how their complaint was handled, they can request a review by an independent Patient Care Quality Review Board.

About the Boards | *Mandate and Review Process*

Mandate

The Patient Care Quality Review Board Act and External Complaint Regulation govern how the Boards review complaints and what can and cannot be reviewed.

The Boards may review any care quality complaint regarding services funded or provided by a health authority, either directly or through a contracted agency. The Boards may also review complaints regarding services expected, but not delivered, by a health authority (for example, a complaint regarding a cancelled surgery).

The Boards may only review complaints that have first been addressed by a health authority's PCQO, unless otherwise directed by the Minister.

If the Boards receive a complaint that cannot be reviewed, the complainant is redirected to the most appropriate body for their concerns.

As a result of a review, the Boards can make recommendations to a health authority or to the Minister to improve the way complaints are handled, to improve the quality of patient care, or to resolve a specific care quality complaint.

Lastly, the Boards monitor, track, and report on care quality complaints in British Columbia.

The Review Process

Patients and their loved ones may request a review by submitting a review request form (by mail, e-mail, or fax), or by calling 1-866-952-2448. If the Board can review the complaint, the health authority's Patient Care Quality Office will be notified and asked to provide a copy of any information relating to the complaint.

The Board will review the facts and other background information, seeking expert advice and/or clarification from the health authority and complainant as required.

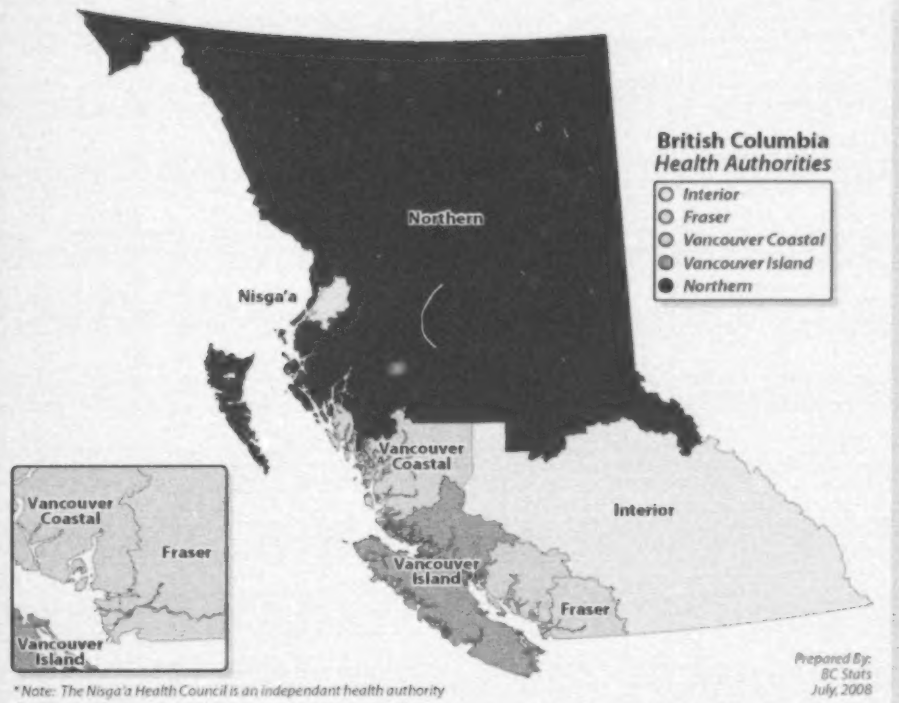
Once the review is complete, the Board will send the complainant and the health authority a final decision letter, indicating whether any recommendations have been made. The Boards explain findings and the reasoning for decisions in the letter. A copy of these letters is also sent to the Minister of Health so the Ministry can follow up with health authorities on the implementation of recommendations.

When the Boards make recommendations, the health authority will contact the complainant to discuss the outcome and any actions that may be taken to address the care quality issues highlighted by the Boards' review.

About the Boards | *Current Members*

Board members are appointed by the Minister based on their expertise and experience. Members are eligible to serve terms of no more than two years, and may be reappointed to consecutive terms at the discretion of the Minister. Current health authority employees, board members, and contractors are not eligible to serve on the Boards.

This year we would like to acknowledge the contribution of former Board members David Wilbur, from the Northern Board, and Jennifer English, from the Vancouver Island Board.



*Note: The Nisga'a Health Council is an independant health authority

Vancouver Island
Patient Care Quality Review Board
- Richard J. Swift, Q.C., Chair
- Graham Alce
- Michael F. Patterson
- Dr. Linda J.A. Thomson

Interior
Patient Care Quality Review Board
- Roger Sharman, Chair
- Dr. Randall Fairey
- Thomas Humphries
- Gloria Morgan

Northern
Patient Care Quality Review Board
- William Norton, Chair
- Lorna Dittmar
- Dr. John (Jack) H. Chritchley

Fraser/Vancouver Coastal/
Provincial Health Services
Patient Care Quality Review Board
- Dr. John (Jack) H. Chritchley, Chair
- Dr. John H. V. Gilbert
- Robert D. Holmes
- Sandra Wilking
- Dr. Naznin Virji-Babul
- Janis A. Volker

Achievements

The legislation's mandate is to provide patients, residents of care facilities, and their loved ones with access to a fair, timely, and transparent complaints process that strives to ensure that the health care system is responsive to patient voices. In 2010/11 those voices were heard – this report marks the first comparative analysis of patient complaints in BC over time.

The Boards' scope expanded with the introduction of the *Residents' Bill of Rights* in 2010. The *Residents' Bill of Rights* is an example of the ongoing provincial focus to maintain and improve care quality in the residential care sector. Many of the Boards' recommendations have supported these efforts. In response to Board recommendations health authorities have continued the implementation of the Provincial Stroke Action Plan, new education for residential care leaders about resident's privacy, and improved communication between families and residential care staff.

The Boards' recommendations continue to uncover gaps in communication within the health care system. Good communication is a critical factor in both health care delivery and complaints management. In response to these findings, the Ministry of Health developed Guidelines for Empathetic Response Letters that highlight a series of principles for communicating, based on the needs of individual complainants. The Boards endorsed and adopted these guidelines (see Appendix C) as a tool for responding to complainants in a thorough, respectful, and patient-centred way.

The Boards made two recommendations to the Minister of Health in 2010/11. One of these recommendations resulted in a broader review of housekeeping standards with a focus on infection prevention and control. The other recommendation resulted in a further emphasis on communication and information accessibility for the Choices in Supports for Independent Living (CSIL) program.

In 2010/11 the Boards completed the 100th review milestone. Each review was an opportunity for the Boards to understand the patient experience, to recommend quality improvements, and to safeguard the crucial relationship between patients, their care providers, and the health care system.

"We would like to thank you for keeping us updated throughout the process and for your kindness."

Complainant

"The Boards themselves represent a great change in the health care system – a system-wide improvement in how patient complaints are managed."

Heather Davidson
Assistant Deputy Minister, Ministry of Health

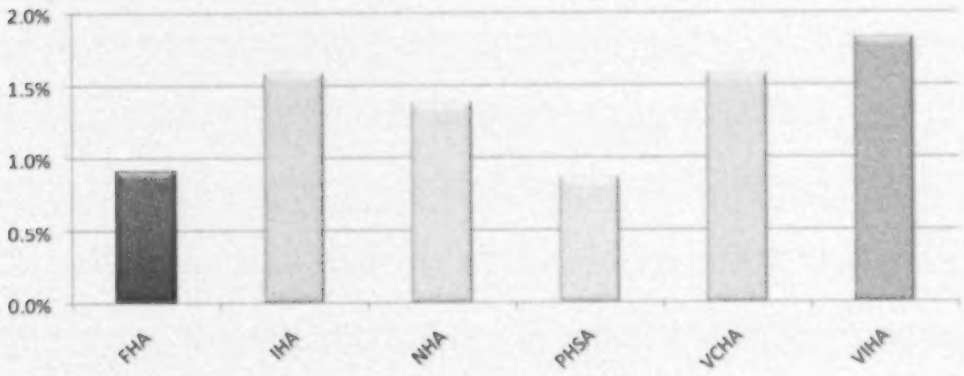
Statistical Overview | *Patient Care Quality Offices*

The Boards collect data from the health authority PCQOs regarding the number and type of complaints received by the PCQOs in each quarter throughout the fiscal year. In 2010/11, there were 5,489 care quality complaints, 306 external complaints[1] and 2,254 inquiries in British Columbia (see Appendix A for details). The table below presents the volume of care quality complaints received by each PCQO between April 1, 2010 and March 31, 2011.

Table 1: Volume of Care Quality Complaints by Health Authority and BC

	Apr-June 2010	July-Sept 2010	Oct-Dec 2010	Jan-Mar 2011	Total 2010/11
Fraser Health Authority	498	528	500	566	**2,092**
Interior Health Authority	230	220	248	250	**948**
Vancouver Coastal Health Authority	179	221	187	301	**888**
Vancouver Island Health Authority	259	283	246	251	**1,039**
Northern Health Authority	87	65	57	81	**290**
Provincial Health Services Authority	61	53	51	67	**232**
British Columbia	**1,314**	**1,370**	**1,289**	**1,516**	**5,489**

Of the 5,489 care quality complaints received by PCQOs this period, only one per cent proceeded to the Boards for review – suggesting that the vast majority of complaints are resolved at the health authority level. The chart below shows the percentage of care quality complaints that escalated to the Board from each PCQO over the 2010/11 period.



1 External complaints are defined by the *Patient Care Quality Review Board Act* and External Complaint Regulation, and may include complaints about services that are not funded or provided by the health authorities, or complaints that are best addressed by another entity.

Statistical Overview | *Patient Care Quality Review Boards*

The Boards may only review complaints that have first been addressed by the health authority's PCQO, unless otherwise directed by the Minister of Health. In 2010/11, the Boards accepted 73 review requests, completed 55 reviews, and cancelled two reviews at the request of the complainant. This represents a 12% increase in reviews accepted, and a 4% increase in reviews completed over 2009/10.

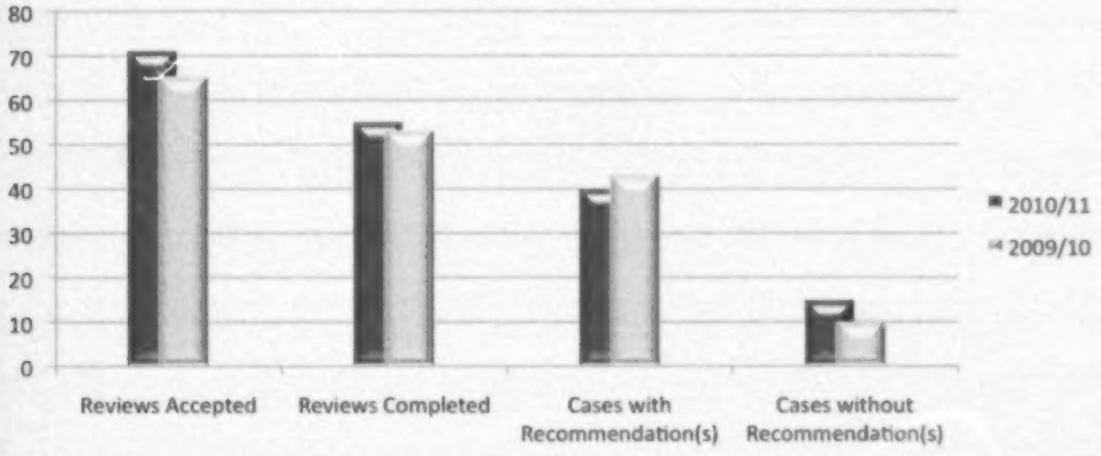
In 40 of the completed reviews (73%), the Boards made recommendations to improve the quality of patient care and/or the quality of the complaints process itself. In 15 of the completed reviews (27%), the Boards did not make recommendations, having found, for example, that the care provided had been satisfactory or that the circumstances of the complaint did not present an opportunity for care quality improvement. The table below presents an overview of the Boards' volume by health authority.

Table 2: Overview of Patient Care Quality Review Board Volume

	Reviews Accepted	Reviews Completed	Cases with Recommendation(s)	Cases without Recommendation(s)
Fraser Health Authority	19	12	9	3
Interior Health Authority	15	12	9	3
Vancouver Coastal Health Authority	14	13	12	1
Vancouver Island Health Authority	19	11	6	5
Northern Health Authority	4	4	3	1
Provincial Health Services Authority	2	3	1	2
Total	**73**	**55**	**40**	**15**

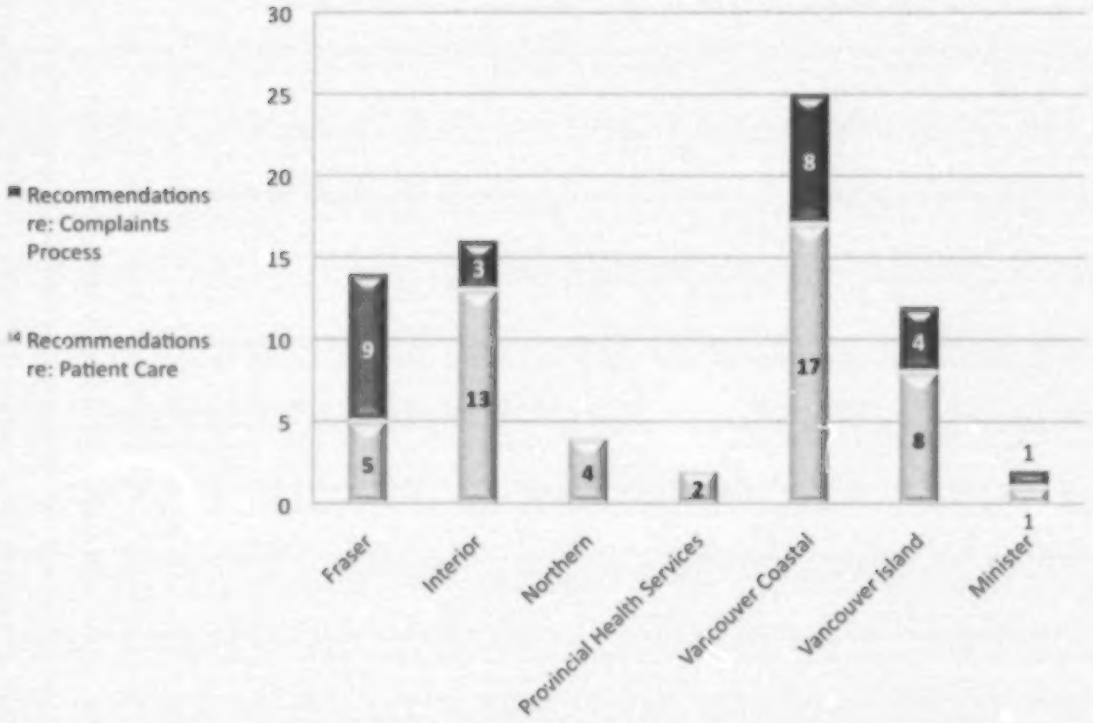
The Boards made a total of 75 recommendations in 2010/11 – 73 to the health authorities and two to the Minister of Health. The Boards accepted and completed more reviews than last period, but made fewer recommendations (see chart below for volume comparison).

Chart 1: Volume Comparison for Recommendations and Reviews



Of the 73 total recommendations to health authorities, 50 were to improve the quality of patient care, and 25 were to improve the complaints process (see chart below). In 19 of the completed reviews, the Boards identified opportunities for the PCQOs to improve the quality of their investigation or response; in the remaining 36 reviews, the Boards found the PCQO had responded appropriately.

Chart 2: Recommendations Concernina Complaints Process vs. Patient Care



The Boards also collect information regarding the timeliness of health authority responses to Board recommendations. Under the Patient Care Quality Review Board Act, health authorities are required to respond to recommendations within 30 business days, not including statutory holidays. Health authorities achieved this timeline in 27 of the 37 reviews that resulted in recommendations (73%).

Finally, the Boards track the timeliness of our own reviews. Under the legislation, the Boards are expected to complete those reviews within a maximum of 120 business days and provide a response within an additional 10 business days. On average, reviews were completed and responded to in 122 business days, and in a median time of 125 business days. In 12 cases, the Boards exceeded this timeline and informed the parties involved (e.g. to obtain an independent medical opinion, or to obtain additional information).

The chart below represents the subjects of all the complaints reviewed by the Patient Care Quality Review Boards in 2010/11.[2] Because the category for "Care" is quite general, and the population accessing acute care services quite large, care quality complaints are often concentrated under "Acute Care — Care." Note that one complaint may encompass more than one care issue, so the total number of care issues will often be higher than the total number of complaints reviewed.

Sector — Care Issue		Sector — Care Issue	
Acute Care (excl. MHA) – Care	43	Residential Care - Rights to Participation and Freedom of Expression	2
Acute Care (excl. MHA) – Communication	12	Emergency Care - Accessibility	2
Home & Community Care – Care	9	Residential Care - Attitude Conduct	2
Mental Health & Addictions (Incl. acute) – Care	6	Acute Care (excl. MHA) - Administrative Fairness	1
Acute Care (excl. MHA) - Attitude/Conduct	5	Acute Care (excl. MHA) - Environment	1
Home & Community Care – Accessibility	5	Acute Care (excl. MHA) - Supplies/Equipment	1
Acute Care (excl. MHA) – Accessibility	4	Acute Care - Renal - Care	1
Acute Care (excl. MHA) – Financial	4	Acute Care - Cancer - Access	1
Residential Care - Rights to Health, Safety and Dignity	4	Acute Care - Cardiac - Care	1
Residential Care – Care	4	Ambulatory Care - Communication	1
Ambulatory Care – Accessibility	3	Ambulatory Care - Environment	1
Residential Care – Accessibility	3	Ambulatory Care - Supplies / Equipment	1
Emergency Care – Care	3	Home & Community Care - Administrative Fairness	1
Acute Care (excl. MHA) – Accommodation	2	Administration - Communication	1
Acute Care (excl. MHA) – Coordination	2	Home & Community Care - Communication	1
Acute Care (excl. MHA) - Discharge Arrangements	2	Mental Health & Addictions (Incl. acute) - Discharge Arrangements	1
Acute Care - Cancer – Care	2	Mental Health & Addictions (Incl. acute) - Safety/ Secure Setting	1
Ambulatory Care - Attitude/Conduct	2	Residential Care - Accommodation	1
Ambulatory Care – Care	2	Residential Care - Administrative Fairness	1
Home & Community Care – Accommodation	2	Administration - Administrative Fairness	1
Mental Health & Addictions (Incl. acute) - Attitude/ Conduct	2	Emergency Care - Accommodation	1
Home & Community Care - Financial	2	Emergency Care - Financial	1
Home & Community Care - Supplies / Equipment	2	Residential Care - Communication	1
Emergency Care - Coordination	2	Ambulance - All Related Issues	1
TOTAL			**155**

2 Note that the Acute Care category excludes Mental Health and Addictions (MHA) because MHA is its own separate category.

Recommendations and Responses | *Minister of Health*

After completing a review, the Patient Care Quality Review Boards (the Boards) may make recommendations to the health authorities and/or the Minister of Health to improve the quality of care and to improve the complaints process.

When making recommendations, the Boards consider:

- The context of the complaint from both the health authority and the patient's perspective;
- The policies, procedures, guidelines, etc. that are applicable to the complaint;
- The feasibility of implementing the recommendation;
- The potential impact of the recommendation; and
- The evidence base for the recommendation.

The health authorities carefully consider recommendations and are required to respond within 30 business days to indicate what action(s) will be taken to address them.

In 2010/11, the Boards made two recommendations to the Minister and 73 to the health authorities. The following presents each of the Boards' recommendations for this reporting period, along with some highlights of actions taken in response.

Recommendations to the Minister of Health

1. That the Minister of Health have an appropriate body, for example the Provincial Infection Control Network, review this matter and comment on the current methodology for conducting hospital inspections with regards to cleanliness. The review body's report should include both the internal and external inspection process to ensure that a satisfactory state of cleanliness is met at all times and that the requirements of the Vancouver Coastal Health Authority Infection Control Manual are always met. Further, areas identified for improvement and timelines for that improvement should be clearly identified in the report and the process must be transparent.

   Summary of Response:
   The Minister has taken action on the Board's recommendation by asking the Provincial Infection Control Network to conduct a broader review of housekeeping standards with a focus on infection prevention and control.

2. That the Minister review the current method of informing British Columbians of the Choices in Supports for Independent Living process with a view to developing a more user-friendly process.

   Summary of Response:
   At the time of the Board's review, the Ministry was involved in redesigning the entire Choices in Supports for Independent Living (CSIL) program—including developing an interactive online resource to better inform British Columbians. Access to this resource will be available from the Ministry's CSIL webpage and the BC Paraplegic Association's webpage. The Ministry is satisfied that this program re-design will address the communication concerns highlighted by this case.

Fraser Health Authority (FHA)

- FHA is responsible for serving a densely populated region with more than1.6 million British Columbians.
- The Board reviewed 12 cases from FHA in 2010/11, resulting in 14 recommendations. Five of those were for care quality improvement, while nine were to improve the complaints process.
- Many of our recommendations to FHA have focussed on issues of communication—between patients and their care team, between care workers and families, and between complainants and Patient Care Quality Offices.
- In response FHA has arranged care conferences with patients, provided further information (such as more comprehensive responses to complainants), and arranged educational offerings to safeguard privacy.

1. Complaint regarding access to a mental health program

Recommendation:

That, with a view to ensuring the most appropriate care plan for the complainant, Fraser Health Authority have their mental health and addictions staff liaise with the psychiatrist responsible or in charge of the care of the complainant, in order to accurately identify what types of support and services should be included in a care plan for the complainant; and what types of services can be reasonably provided in order to ensure optimum care.

Summary of Response:

FHA accepted the recommendation and took action pending on the complainant's consent.

2. Complaint regarding disclosure during treatment

Recommendation:

That Fraser Health Authority arrange a further meeting with the complainant to discuss his [patient specific] concerns.

Summary of Response:

The Patient Care Quality Office contacted the complainant to arrange a further meeting.

3. Complaint regarding communication between care providers and family

Recommendation:

That Fraser Health Authority's Patient Care Quality Office arrange a meeting between the family and the clinical care providers in order for the family to receive an appropriate overview of the events that led to the death of [the patient].

Summary of Response:

The Patient Care Quality Office contacted the complainant to arrange the meeting.

4. Complaint regarding pain management during labour and delivery

Recommendation:

That the Patient Care Quality Office provide a more detailed response to the complainant's outstanding questions, particularly with regard to the wait for the anaesthetist and why the length of their child was not recorded.

Summary of Response:

FHA provided the complainant with more information about the wait for the anaesthetist and documentation of the baby's length.

5. Complaint regarding care provided at an acute care facility

Recommendations:

i. That Fraser Health Authority staff work with the complainant to ensure she has received all of the medical documentation to which she is legally entitled and that pertains to her husband's admission at [acute care facility] from [date] to [date].

ii. That Fraser Health Authority's Patient Care Quality Office ensure when a complaint is brought to their attention, an investigation into the matter is conducted by their office.

Summary of Response:

i. FHA forwarded the medical documentation to the complainant.

ii. The Patient Care Quality Office reviewed process and investigation documentation requirements with their officers.

6. Complaint regarding surgery and surgical tools

Recommendation:

That Fraser Health Authority ensure the Patient Care Quality Office organizes a care conference with the complainant so that he has an opportunity to ask questions and hear an overview of the matter from those involved in the care provided during his first surgery. The care conference should include a department head or other representative of the infection control unit, which the Medical Director originally indicated would follow up with the complainant.

Summary of Response:

FHA arranged a care conference between the complainant, the regional medical director, the surgeon who performed the original surgery, and a representative from the infection control unit.

7. Complaint regarding care and wait-time at an acute care facility.

Recommendations:

i. That the Patient Care Quality Office re-examine this matter and provide a new response to the complainant based on the findings of that examination and the requirements of the *Patient Care Quality Review Board Act*. The investigation and response should include a review of the patient's wait in the emergency department.

ii. That the Patient Care Quality Office provide medical staff at [acute care facility] with in-service training into the requirements of the *Patient Care Quality Review Board Act* (the Act), their role in helping the health authority fill the requirements of the Act, and the authority of the Patient Care Quality Office to conduct investigations and respond to complainants.

Summary of Response:

i. FHA provided an apology and a new response to the complainant, informing her that the chief of the emergency department and the medical director followed up with the physician regarding her concerns, and outlining the reasons for the patient's wait in the emergency department. FHA determined that the patient's wait-time was longer than normal, and reported ongoing work to address wait times at [acute care facility].

ii. FHA reported that since the implementation of a 'program model' for service delivery there have been ongoing education sessions provided to clinical teams and medical leadership regarding the *Patient Care Quality Review Board Act*, and the investigation and response requirements involved in complaint investigation.

8. Complaint regarding care, fees for services not covered by the Medical Services Plan, and choice of general practitioner at a residential care facility

Recommendation:

That standards for disclosing personal information without the consent of the patient be reviewed with physicians and staff working at [residential care facility], and that prior to any such disclosures being made, appropriate advice be obtained, and the authority for such involuntary disclosure be clearly documented.

Summary of Response:

FHA's Residential Care and Assisted Living program will develop education supported by the *Freedom of Information and Protection of Privacy Act* for leadership at the [residential care facility] and administrative leadership at all contracted service providers.

9. Complaint regarding care, cleanliness of room, and transfer from an acute care facility

Recommendations:

i. That Fraser Health Authority take measures to ensure that unexpected or rapid deterioration in the mental health of any patient of advanced age be treated with an appropriate sense of urgency.

ii. That Fraser Health Authority review and update its most responsible physician policy to include a default physician contact list in the event that a patient's most responsible physician is not immediately available for assessment, and that the health authority establish a protocol for staff to follow in relation to contacting physicians when urgent care is required. Further, the health authority should ensure that at all times staff are in a position to inform the patient and family members who the most responsible physician is for the patient, and which physician is next in line to attend if the patient's most responsible physician is not immediately available.

iii. That Fraser Health Authority explain to the complainant the circumstances of the patient's discharge to sub-acute care at [facility]. If there is no written record staff recollections should be documented appropriately. If it is found that the discharge was not appropriate, the health authority should apologize to the family for doing so and for not properly explaining the matter when first asked.

iv. That Fraser Health Authority's Patient Care Quality Office organize a follow-up in-person meeting with the patient's family to inform them of updates on the commitments made on [date].

Summary of Response:

i. FHA reported that they will hire another geriatrician, and they have designated a 24-hour internist and intensivist on call who respond to acute medical conditions. Additionally, their ICU outreach program has developed a draft Rapid Response Team process to respond to patients in hospital and a transfer patient follow-up process to check in with patients discharged from the ICU. Lastly, surgical nursing at the facility has implemented a Confusion Assessment Method Instrument (CAMI) to assess delirium. The CAMI will be paired with their PRISM-E tool and incorporated into assessment documents.

ii. FHA accepted the recommendation and reported that their revised Most Responsible Physician policy has been implemented.

iii. FHA offered an explanation and apology to the complainant, and followed up with nursing staff regarding the limited documentation.

iv. The Patient Care Quality Office organized an in-person meeting with the complainant.

Interior Health Authority (IHA)

- IHA is responsible for a broad geographic area including both larger cities and rural communities. Their population includes more than 740, 000 people.
- The Board reviewed 12 cases from IHA in 2010/11. Of those 12, 9 resulted in recommendations. 13 recommendations were for care quality improvement, while 3 were to improve the complaints process.
- Many of the Board's recommendations to IHA focussed on challenges regarding patient discharge and transportation. For example, some complainants indicated confusion about transportations fees (specifically for out-of-province patients) and discharge planning.
- In response, IHA prioritized the development of their clinical practice standard for supporting clients and families through discharge. They are also enhancing their communications materials for patient transport to more effectively serve out-of-province patients.

1. Complaint regarding timing and circumstances of discharge from an acute care facility

Recommendation:

i. That Interior Health Authority review the events of [date] to determine why there were no mental health staff provided to assess the patient prior to her discharge.

ii. That Interior Health Authority ensure that if a patient presents in the emergency department with mental health issues and there is no mental health staff available to see the patient, that the patient be admitted for observation until they are able to be fully assessed by qualified mental health staff.

iii. That the Department of Psychiatry at [acute care facility] review the availability of mental health staff to ensure appropriate coverage.

Summary of Response:

i. IHA reviewed the matter and determined that a temporary recruitment lag caused a shortage in mental health staff at [acute care facility]. They have taken steps (e.g. redeploying staff and using relief staffing) to ensure this does not happen again.

ii. IHA reported that the choice to admit, hold for observation, or discharge patients is a clinical decision based on the professional judgement of a physician – therefore IHA cannot mandate that patients be admitted for observation. However, gaps in the emergency mental health schedule are now routinely filled by relief staff to ensure service coverage.

iii. IHA's regional mental health and addictions leadership team reviewed the availability of mental health staff and took the above steps to ensure that service coverage was appropriate. IHA also advised that an education program has been developed for emergency department staff that prepares nurses for the unique issues facing mental health clients.

2. Complaint regarding availability of home support services

Recommendations:

i. That staff responsible for discharge planning be well informed about the limited availability of services in remote and rural communities; in particular, the limited availability of home care where care is to be provided in a patient's house. This is in contrast with community care, where the services are provided in a home community ambulatory facility.

ii. That when a patient is discharged into community care, discharge planning staff should endeavour to speak with the Home and Community Care staff directly, rather than leaving messages, or sending referrals by fax.

iii. That when an acute care facility discharges a patient to the community, the patient should be provided contact information for the facility, when it appears that care plans have changed or are not understood.

Summary of Response:

i. IHA provided staff at [the facility] who are responsible for discharge planning with the specific written information regarding services offered in remote areas. They have also been advised that services can quickly change in remote areas due to unforeseen circumstances.

ii. IHA agreed that direct communication is preferred, and advised that messages would be returned should staff be unavailable to take the call (i.e. when staff are out in the community delivering a service or driving to an appointment and therefore unable to answer the phone). This information will be shared with staff responsible for discharge planning at [the facility].

iii. IHA prioritized development of the clinical practice standard Supporting Clients and Families through the Health Care System, with a specific focus on discharge planning (e.g. standardizing discharge processes and forms, and updating teaching sheets with specific information on who to contact and how.)

3. Complaint regarding an alleged patient-to-patient assault at an acute care facility

Recommendations:

i. That Interior Health Authority review their Incident Management Policy with staff to identify gaps and clarify expectations, procedures and protocols for staff with regard to reporting adverse incidents.

ii. That Interior Health Authority ensure an incident report and appropriate follow-up is done for [the patient's] case, as per their Incident Management policy.

Summary of Response:

i. IHA reviewed their Incident Management policy with nursing management at [acute care facility].

ii. IHA reported the event in the Patient Safety Learning System to the appropriate unit manager as per policy.

4. Complaint regarding the termination of Home and Community Care services

Recommendation:

That Interior Health Authority work with the complainant to develop a new care plan that allows for the provision of modified home support services. The implementation of this new care plan should depend on the complainant completing a physical examination and mental assessment prior to the resumption of services.

Summary of Response:

IHA informed the complainant that they would consider resuming modified home support services following receipt and review of a physical and mental assessment.

5. Complaint regarding assessment and discharge from an acute care facility

Recommendation:

That the Chief of Emergency review the records relating to [the complainant's] care during her visit of [date] at [acute care facility] emergency department to determine why the level of the physical and biochemical examination documentation was so minimal, with a view to improving the documentation of patient visits to the department.

Summary of Response:

IHA reported that the emergency department head for [acute care facility] reviewed the patient's record for the care in question, and confirmed that a [patient-specific test] was performed and the results reported with lab values. IHA apologized for not providing this information to the Board. The department head also reviewed the Board's observations concerning the complainant's [patient-specific issue] with the attending physician.

6. Complaint regarding wait-time in an emergency department and inaccurate information in medical records

Recommendation:

That Interior Health Authority review this matter and ensure the complainant's record has been updated to reflect her current family physician or most responsible physician. The health authority should also consider how to prevent this type of error from occurring with other patients.

Summary of Response:

IHA took steps to ensure the physician's name will be removed from the patient's health record. They have informed the appropriate information management staff, who are considering prevention methods.

7. Complaint regarding technician conduct during an ECG procedure at an acute care facility

Recommendations:

i. That Interior Health Authority hold a second in-service training session and make attendance of the appropriate staff mandatory.

ii. That Interior Health Authority assess the practice in place at [facility] for conducting the ECG procedure and determine if the practice there should be emulated at [facility].

Summary of Response:

i. IHA reported that laboratory administration for [acute care facility in question] committed to providing the in-service training to all staff by the end of January 2011.

ii. The process for applying and removing electrodes is now the same at both facilities.

8. Complaint regarding delayed access to a colonoscopy procedure, proximity to a washroom while waiting in the emergency department, and erroneous cancer information in the Patient Care Quality Office response

Recommendations:

i. That Interior Health Authority's Patient Care Quality Office consult with appropriate medical specialists during their investigation when the complainant's concerns relate to a specific medical condition, especially one requiring subspecialty expertise.

ii. That Interior Health Authority investigate the origin of the erroneous information (i.e. the cancer natural history and pathology information) and explain their findings to the patient.

Summary of Response:

i. IHA's Patient Care Quality Office accepted the recommendation, and reported that they will discuss the issue at their weekly team meeting.

ii. The Patient Care Quality Office apologized to the family and their oncologist, and explained the origin of the information.

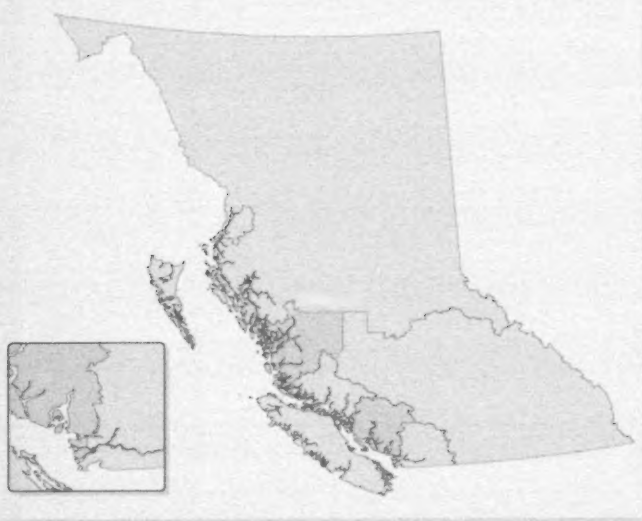
9. Complaint regarding inter-facility transfer and the unavailability of a urologist at an acute care facility

Recommendation:

That Interior Health Authority establish a process for providing its brochure on inter-facility transfers to patients and their families to ensure they understand the policy on ambulance charges.

Summary of Response:

IHA will revise their patient transfer documents to improve the information, and all managers will be provided with them. The Patient transport office will develop a communication plan by March 21, 2011. The Health Information Management team will have admitting systems computers provide a brochure whenever a clerk enters the out of province code.



Vancouver Coastal Health Authority (VCHA)

- VCHA is responsible for serving two densely populated regions with more than 1 million people altogether.
- The Board reviewed 13 cases from VCHA in 2010/11. Of those 13, 12 resulted in recommendations. 17 recommendations were for care quality improvement, while 8 were to improve the complaints process.
- Many of our recommendations to VCHA focussed on residential care—particularly engaging with residents' families.
- In response VCHA is supporting care staff in partnering with families, reviewing how care plans are revised at a residential care facility, and considering initiatives to improve communication between care settings.

1. Complaint regarding assessment of stroke at a residential care facility

Recommendations:

i. That the family be provided with a clear understanding of what occurred, why it occurred, and substantive answers to their outstanding questions.

ii. That a stroke and transient ischemic attack (TIA) protocol be developed for [residential care facility] based on the Heart and Stroke Foundation's BC Stroke Strategy and the Ministry of Health' Stroke and Transient Ischemic Attack Protocol.

iii. Following its adoption, the protocol for the identification of strokes TIAs should be reviewed with the staff at [residential care facility] and the care providers should be educated in the identification of strokes and TIAs and how they are triaged and treated.

iv. That staff at [residential care facility] be reminded to listen to the advice and information from families who are expected to know the patient better.

v. That Vancouver Coastal Health Authority apologize for their care of the patient and for the emotional distress felt by the family.

Summary of Response:

i. VCHA sent the family a letter addressing the issue.

ii. VCHA is developing a regional protocol for TIAs and strokes in residential care through the Vancouver Coastal Health Residential Care Quality Council (RCQC), and anticipates they will be completed by June 30, 2010.

iii. VCHA is conducting an assessment of the current knowledge and needs of staff, and creating education sessions to implement the newly developed protocol. Phase one will be completed by the end of September 2010 at [residential care facility], and phase two will involve implementation throughout VCHA (to be led by RCQC).

iv. VCHA is using their "Partners in Care" publication to remind staff to partner with families. Staff education will be held at [residential care facility] in June and July 2010.

v. VCHA apologized to the family again by letter.

2. Complaint regarding care and communication at a residential care facility

Recommendations:

i. That Vancouver Coastal Health Authority review the patient records and documentation kept at [residential care facility] to ensure that they meet the requirements of the Residential Care Regulations under the Community Care and Assisted Living Act (charting, medication administration records).

ii. That the Patient Care Quality Office review the initial correspondence that was provided to the complainant and use the review as a learning experience.

iii. That Vancouver Coastal Health Authority review the discharge planning that occurred at [acute care facility] prior to the patient's transfer back to [residential care facility], with particular attention to the discharge instructions of the urologist and the progress notes provided.

iv. That Vancouver Coastal Health Authority provide the Board with the outcome of the review referred to in the letter to the complainant of [date] regarding communication and transfers between care settings.

Summary of Response:

i. VCHA reported that Licensing had already taken steps to improve [the facility's] documentation system. There is a medical administration record and a file for each person in care, which meet Sections 78(1) and (2) of the Residential Care Regulation. The facility's charting and log book were reviewed, and registered nurses now record details of each shift in residents' files. Additionally, their Regional Residential Quality Practice Council is considering an initiative to review documentation systems across residential care. They are working on standards and guidelines for documentation in fall 2010.

ii. The VCHA Patient Care Quality Office accepted the recommendation and reviewed the initial correspondence.

iii. VCHA reported that leadership at the facility has taken steps to address shortcomings in documentation on transfer and communication to other care providers.

iv. VCHA reported that the challenge of timely and effective communication between care settings remains on the agenda for the Transition Working Group. They are trying a fax 'client update' and considering how to accommodate a 'nurse-to-nurse' telephone call.

3. Complaint regarding triage staff conduct and a breakdown in emergency room process

Recommendations:

i. That Vancouver Coastal Health Authority evaluate the instruction information in the emergency department to ensure that there is appropriate signage at the arrivals desk that clearly informs new arrivals where to report; that they are to identify themselves; and to state their reason for coming to the emergency department.

ii. That Vancouver Coastal Health Authority ensure that the emergency department intake process at [acute care facility] is thorough and that reviews of this process are conducted on a regular basis.

iii. That Vancouver Coastal Health Authority review their investigation into this matter to ensure that it was comprehensive.

Summary of Response:

i. Vancouver Coastal Health Authority had their Director of Acute Services and Senior Medical Director visit the emergency room triage site. They determined there was appropriate signage and direction for patient arrivals. They note that a volunteer is also frequently available in the emergency room to assist in the triage process. The triage area will be renovated beginning July 2010, which they anticipate will further help patients navigate the emergency room.

ii. Vancouver Coastal Health Authority reviewed the intake process and believes it is thorough. The process is subject to regular reviews by management and staff. They report that in October 2009, a process change was implemented to improve the hospital's response time during high volume periods by increasing surge capacity.

iii. Vancouver Coastal Health Authority reports that they are confident the investigation was thorough, and that suitable quality improvement efforts are ongoing to minimize the chance of reoccurrence.

4. Complaint regarding cleanliness at an acute care facility

Recommendation:

i. That Vancouver Coastal Health Authority consider having a representative from [company] responsible for management of cleaning staff on the patient safety committee for [acute care facility].

ii. That Vancouver Coastal Health Authority review the contract in place with [company] and consider including a reference to the Vancouver Coastal Health Authority Infection Control Manual as an additional guideline for infection control.

Summary of Response:

i. VCHA reported that their cleaning services vendor actively participates in the infection control committees across the region – but due to privacy concerns, it would not be appropriate for a representative to attend patient safety council discussions. VCHA will embrace all opportunities to include that company (and other key partners) in reinforcing the health authority's safety culture.

ii. VCHA noted that the contract in question predated the infection control manual, and therefore does not include a specific reference to the manual. They welcomed the recommendation to update the references in the contract and initiated discussions with the company.

5. Complaint regarding the availability of stretchers and cushions in an emergency room

Recommendation:

i. That Vancouver Coastal Health Authority review the availability of stretchers and pillows in the emergency department for patients while they wait to be seen by a physician.

ii. That Vancouver Coastal Health Authority's Patient Care Quality Office review the response and investigation into this complaint.

Summary of Response:

i. VCHA adjusted their overall number of stretchers, and established new processes to move patients more effectively through triage into an assessment stretcher inside the emergency room. They are monitoring those strategies and looking for additional opportunities for improvement – for example, they are planning to roll out a tele-tracking system to for patient and equipment transport by March 2011. They anticipate that this initiative will improve efficiency and more effectively prioritize services. Additionally, they reminded staff that the centralized portering service can be accessed even when the emergency room porter is not available, and encouraged them to provide a concise description of the service they require and the priority of the need.

ii. The PCQO accepted the recommendation and reviewed their response. They report that the emergency room inter-professional council is developing a strategy to target 'patient first' care, which will be monitored through emergency room survey results and customer feedback forms.

6. Complaint regarding post-surgical care after discharge

Recommendation:

That Vancouver Coastal Health Authority review this matter with a view to improving the discharge process for patients to ensure that it includes the appropriate scheduling of follow-up appointments and that this information is conveyed in an understandable way to the patient.

Summary of Response:

VCHA had their co-senior medical directors remind medical staff of the importance of clear communication with patients and the hospital's admitting department. Additionally, they reported that health information management is working to improve communication at discharge by revising the Discharge Instructions and Discharge Summary documentation. They are investigating a pilot project in a formal 'hospital discharge program.'

7. Complaint regarding care and communication at a residential care facility

Recommendation:

That Vancouver Coastal Health Authority review and update [the patient's] care plan on a regular basis with input from the patient's family; ensuring the care plan established meets the requirements of the Residents' Bill of Rights.

Summary of Response:

VCHA confirmed that the patient's care needs were developed with the family's input, and reported that these would be included in the patient's bedside care plan as well. They will ensure the care plan reflects the current needs of the patient by maintaining the opportunity for his family to communicate regularly with the Resident Care Coordinator. Additionally, VCHA reports that [the residential care facility] is reviewing and updating their process for revising care plans, which will be completed in January 2011.

8. Complaint regarding care provided at a residential care facility, and the Patient Care Quality Office response

Recommendations:

i. That Vancouver Coastal Health Authority organize a care conference with the complainant and those who were responsible for directing the patient's care to answer any outstanding questions, including the concerns regarding the attitude of staff, and provide the complainant with any documents she requests that would clarify the care that was being provided to [the patient].

ii. That Vancouver Coastal Health Authority review this matter to ensure that residential care facilities understand their obligation to inform families of major changes in the health and prognosis of residents in their care.

Summary of Response:

i. VCHA reported that a teleconference was held between care staff and the complainant, and that (due to privacy and collective agreement concerns) the complainant was contacted separately by the Manager to discuss her concerns about staff attitude.

ii. VCHA accepted the recommendation reported that they will have the VCH Regional Home and Community Care Table review the matter. It will also be raised at the Vancouver area meeting of all Directors of Care.

9. Complaint regarding information provided by a physician and access to prescribed medication

Recommendation:

That Vancouver Coastal Health Authority review this matter with a view to ensuring that families, and in particular custodial parents in cases involving minors, are provided clear information in plain language about a patient's treatment plan, including prescriptions, and the implications of non-compliance with treatment plans.

Summary of Response:

VCHA reviewed their policy regarding informed consent. Their Child and Youth Mental Health physicians and coordinators proposed that the following guidelines be circulated to Child and Youth teams:

- Use plain language when discussing treatment plans for minors with the minor or custodial parent/guardian.
- Provide the rationale for components of treatment, including potential benefits and adverse effects.
- Present alternatives to recommended treatment.
- Present implications and predicted consequences of non-adherence to recommended treatment.
- Arrange interpreters when needed.
- Document evidence of informed consent and risk-benefit discussion in the client's file.
- Make reasonable efforts to engage non-custodial parents in the informed consent process.

10. Complaint regarding care provided at a residential care facility

Recommendation:

That [residential care facility] staff involved in direct resident care be reminded to listen to the advice and information provided by residents' family members. In some instances family members know the residents' medical needs better than the care staff and are well-positioned to advice on their likes, dislikes, needs, changes in condition, and other information relevant to providing and enhancing resident care.

Summary of Response:

VCHA reported that their Licensing Officer asked the facility to review their mission statement and philosophy with their staff, and remind them to listen to the advice and information provided by residents' family members. The next monthly inspection will include an update on these actions.

11. Complaint regarding a patient's fall and subsequent surgeries at an acute care facility

Recommendations:

i. That Vancouver Coastal Health Authority review the two protocols in place for the management and prevention of falls and aligns with them as needed, or if appropriate, combine them into a single protocol.

ii. That Vancouver Coastal Health Authority ensure that when falls occur, patient charts are complete, accurate and timely, with the details of the fall fully recorded.

Summary of Response:

i. VHCA reported that Providence Health Care (PHC) would conduct an internal review, using root cause analysis, and align the falls protocol with their three pathways.

ii. VCHA reported that PHC took several steps to address this recommendation; including meeting to develop a strategic plan, holding a work shop, and clarifying expectations about documentation. They conducted a needs assessment, hired an educator, and planned a discussion to clarify the Most Responsible Physician for the family.

12. Complaint regarding private room conditions and charges at an acute care facility

Recommendation:

That Vancouver Coastal Health Authority have [acute care facility] revise the Request for Superior Accommodation form—specifically the title of the form and the description of the amenities of semi-private and private rooms (which should include differences in size between a standard room and the semi-private and private room)—so that the form conveys information clearly and accurately, and in plain language that is readily understood by patients.

Summary of Response:

VCHA will revise their Request for Superior Accommodation form by clarifying details about the room (for example, that patients will be paying specifically for enhanced privacy, what the number of beds will be). The revised form will be titled "Request for Semi-Private and Private Accommodations."

Vancouver Island Health Authority (VIHA)

- VIHA is responsible for more than 760,000 people spread over the islands and the mainland.
- The Board reviewed 11 cases from VIHA in 2010/11. Of those 11, 6 resulted in recommendations. 8 recommendations were for care quality improvement, while 4 were to improve the complaints process.
- Our recommendations to VIHA covered a broad range of issues, with no specific trends. VIHA took action on a similarly broad range, by implementing new tools for screening delirium; reviewing charts; requesting scent-free latex tourniquets; and funding mediation between a complainant and a care facility.

1. Complaint regarding the First Available Appropriate Bed policy, and care provided at a residential care facility

Recommendations:

i. That Vancouver Island Health Authority reflect on this matter with attention to the communication between caregivers and the family with a view to ensuring that accurate information is conveyed.

ii. That Vancouver Island Health Authority review the process in place for the investigation and response to complainants with a view to ensuring the Patient Care Quality Office is involved in both the investigation and response.

Summary of Response:

i. VIHA reported that residential services will address the issue of communication between caregivers and family by educating licensed practical nurses on the importance of communication, revising and clarifying the process for communication with registered nurses and the clinical nurse leader, including family engagement in care plans and care conferences, and improving communication following physician visits with direct care staff.

ii. VIHA accepted the recommendation and implemented an improved internal process to address these issues.

2. Complaint regarding restriction of private visitation at a residential care facility

Recommendation:

That Vancouver Island Health Authority and the complainant enter into mediation to work towards a resolution to the ongoing access issues.

Summary of Response:

VIHA reached an agreement with the complainant and the administration at the facility to participate in third-party mediated discussions, funded by VIHA, to resolve ongoing issues related to the visitation restrictions.

3. Complaint regarding discharge planning at an acute care facility

Recommendations:

i. That Vancouver Island Health Authority conduct in-service education for the staff involved regarding the role of health care decision makers to ensure that staff are aware of the importance of communication with them during moments of critical decision making.

ii. That Vancouver Island Health Authority have the Chief of Staff responsible review this case with particular attention to the charting with a view to improving the discharge process and ensuring the discharge order is clearly articulated.

Summary of Response:

i. VIHA reported that protocol and screening tools for delirium were being taught to new staff during orientation, and that the facility's clinical nurse educator had emphasized the importance of these tools and proper documentation. Ongoing teaching staff 'huddles' will stress the importance of communication between care teams and family or substitute decision-makers. The social worker for the unit also works with the nursing team to ensure communication with family and decision-makers during discharge planning.

ii. VIHA reported that the medical director reviewed the charting and noted that it did not state the specific criteria that should be fulfilled before the patient could be discharged. He reminded staff about the specific requirement of discharge orders, particularly the timing and any clinical findings needed to support discharge from acute care.

4. Complaint regarding access to care and treatment at an acute care facility

Recommendation:

That the Chief of Staff review charting procedures with physicians at [acute care facility], with a view to improving the recording of events at the facility

Summary of Response:

VIHA reported that charting was reviewed and discussed at a Medical Advisory Committee. Recommendations for next steps regarding communicating documentation standards to medical staff were discussed.

5. Complaint regarding odour of lab and scented disposable tourniquets at an acute care facility

Recommendation:

That Vancouver Island Health Authority explore the possibility of sourcing an additional type of tourniquet, one without an added scent, to provide an alternative for patients who have sensitivities or allergies to scented products.

Summary of Response:

VIHA submitted a request to their purchasing department to source latex-free tourniquets without any scent. If scent-free product is available at a comparable cost, all sites may use them. The patient has started home collection services using her own supply of tourniquets, but if she returns to the hospital they will consider accommodating her by purchasing a small supply for her needs. Staff were advised of the scent and were reminded to discuss all allergies and sensitivities with patients when they arrive.

6. Complaint regarding post-operative care, cleanliness of ward, and re-admission process at an acute care facility.

Recommendations:

i. That Vancouver Island Health Authority ensure the Patient Care Quality Office maintains a detailed record of any investigation into a patient care quality complaint and ensure that the final response is done through the Patient Care Quality Office, as required by the Patient Care Quality Review Board Act and associated Ministerial Directives.

ii. That Vancouver Island Health Authority have [acute care facility] review its procedure on readmission when a patient presents at the emergency department within a fixed time after hospital discharge.

iii. That Vancouver Island Health Authority have [acute care facility] review the preparation and insertion of the nasogastric tube in this patient's case, and based on this review, determine whether staff have a need for training/education on the insertion of these tubes, and provide that education as needed.

iv. That Vancouver Island Health Authority have [acute care facility] review the cleaning protocol for the fingertip pulse oximeter between patients and ensure that this practice meets the health authority's standards.

vi. That Vancouver Island Health Authority have [acute care facility] review the housekeeping issues described by the patient in this matter and provide a response to the complainant with regard to actions being taken to mitigate these issues.

Summary of Response:

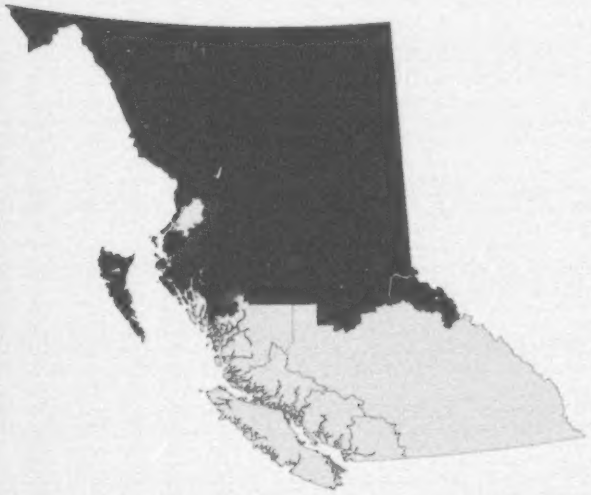
i. VCHA reported that their Patient Care Quality Office accepted the recommendation and realigned program resources to address the issue.

ii. VCHA accepted the recommendation and had the facility review their readmission procedure.

iii. VCHA accepted the recommendation and had the facility review the procedure in question to ensure that it was appropriate. They are offering education to staff regarding explaining the procedure to patients and selecting the best size of tube.

iv. VCHA reinforced their policy that medical devices should be cleaned between every patient with their surgical nursing staff.

vi. VCHA reviewed all of their housekeeping procedures and protocols. They anticipate that a joint project underway at the facility to address infection control practices and protocols will have a positive impact on housekeeping. Additionally, they report that new housekeeping contracts will enhance cleaning quality and improve compliance.



Northern Health Authority (NHA)

- NHA is responsible for serving over two-thirds of BC's landscape, with about 300,000 people spread over the broad area.
- The Board reviewed 4 cases from NHA in 2010/11. Of those 4, 3 resulted in recommendations. All 4 recommendations were for care quality improvement.
- Because of NHA's unique demographics, we receive fewer review requests from their region. Of note, NHA re-assigned the non-clinical aspects of their Choices and Supports for Independent Living (CSIL) to provide better business support to families and clients. They are also revising their Level of Intervention forms to include guidelines for completing them.

1. Complaint regarding access to occupational therapy services[3]

Recommendation:

Despite the fact that the complainant has repeatedly and purposely provoked the professional staff assigned to aid her, the Board has recommended that Northern Health Authority review the matter and find a reasonable way to provide the complainant with the occupational assessment she needs. Obtaining the medical devices she seeks is essential in ensuring her health and safety.

Summary of Response:

NHA reiterated their high priority on staff safety, and reported that arrangements were made for a two week assessment of the patient's needs for equipment, starting in June. They committed to having occupational therapy services available to the patient for in-home follow-up.

2. Complaint regarding Choices and Supports for Independent Living information package

Recommendation:

That Northern Health Authority ensure that caregivers understand the work and costs that may be involved when establishing a Choices and Supports for Independent Living (CSIL) Client Support Group and inform the caregivers of the advantages of CSIL both to the health authority and the patient.

Summary of Response:

NHA participated with the Ministry of Health to complete a comprehensive review of CSIL policies and procedures. They developed new resource material for prospective clients, which will be available on their websites in October 2010. NHA recognized that Home and Community Care case managers do not always have financial or contractual expertise; therefore they are re-assigning the non-clinical CSIL services to staff in their financial department. They anticipate that this re-alignment will provide better business support to families and clients.

3 Note: Although the Board reviewed this case during the 2009/2010 fiscal year, their decision occurred after March 31, 2010. We have included the recommendation and response here.

3. Complaint regarding transfers between different levels of care

Recommendation:

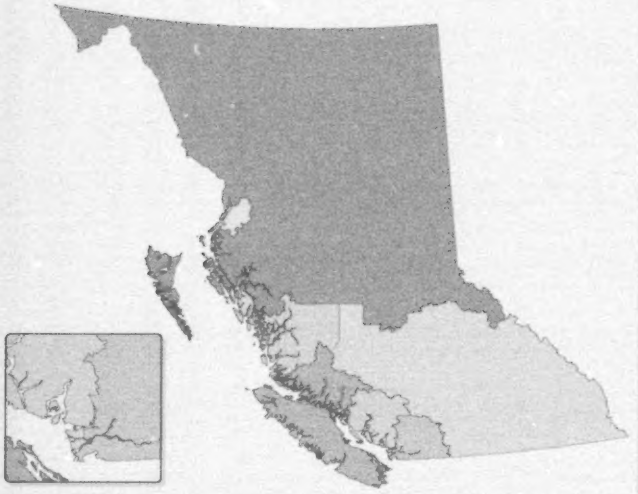
i. That Northern Health Authority review this patient's file with regard to this matter and ensure the most current Level of Intervention form is accessible and obvious to the clinical staff involved in the provision of care.

ii. That Northern Health Authority ensure complaints are always sent through the Patient Care Quality Office for action if the matter cannot be resolved at the unit level at the time care is provided.

Summary of Response:

i. NHA had the patient's chart reviewed and noted there were four Level of Intervention (LOI) forms, which could have caused confusion for care workers. The Northern Health Ethics Committee is working to revise the existing LOI form to include guidelines for completing it. The revised form will be implemented in spring 2011.

ii. NHA reported that the facility took steps to ensure that management and staff understood the requirements of the Patient Care Quality Review Board Act. In addition, NHA has arranged ongoing communication between their Risk Management office and their Patient Care Quality Office.



Provincial Health Services Authority (PHSA)

- Instead of a geographic region, PHSA is responsible for specific provincial agencies and services. For example, PHSA includes the BC Ambulance Service, BC Women's and Children's hospitals, BC Transplant, etc.
- The Board reviewed 3 cases from PHSA this period. Only one resulted in recommendations—two for improving the quality of care.
- Because of PHSA's specific population, we receive fewer review requests from their region.

1. Complaint regarding testing procedure for Lyme disease

Recommendation:

i. That the patient and her referring physician be provided the test results, including the [specific] information from the enzyme-linked immunosorbent assay (ELISA) test upon their request.

ii. That the test results form identify a contact person and telephone number for the laboratory so that the referring physician can obtain additional information should it be required or considered desirable.

Summary of Response:

i. PHSA invited the patient to contact their Patient Care Quality Office to have the test results and titre information sent to her referring physician.

ii. PHSA Labs will ensure that the current contact information (including their existing toll-free number for physicians) is on the applicable forms in the event a physician needs additional information directly from the lab.

Appendix A | *Patient Care Quality Offices Volume*

Appendix A details the volume of all complaints and inquiries received by the health authority Patient Care Quality Offices (PCQOs) in 2010/11, and compares the top five issues, or subjects of complaint, within the province and each health authority for 2009/10 and 2010/11.[4]

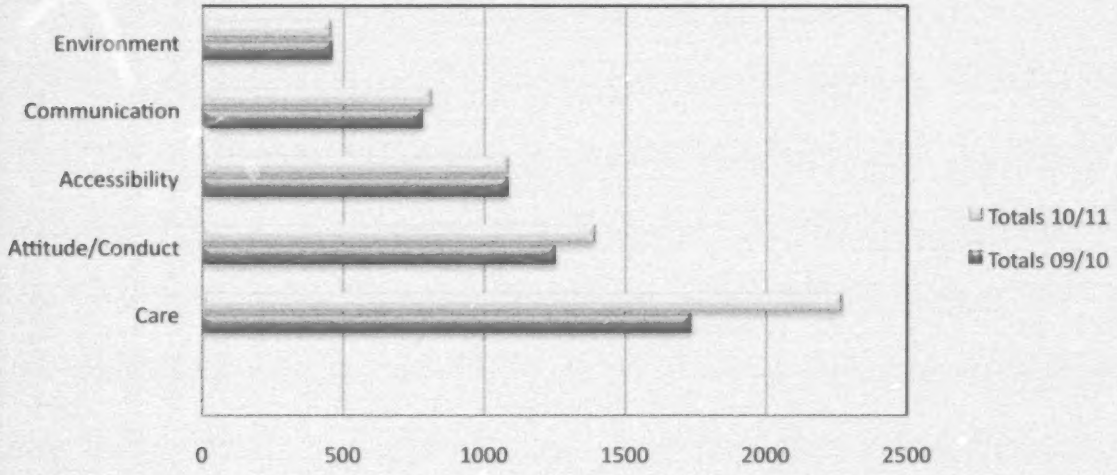
British Columbia

Table 3: PCQO Volume, BC, 2010/11

	Apr-June 2010	July-Sept 2010	Oct-Dec 2010	Jan-Mar 2011	Total
External Complaints	75	79	88	64	306
Care Quality Complaints	1,314	1,370	1,289	1,516	5,489
Inquiries	565	518	554	617	2,254
Total Volume	**1,954**	**1,967**	**1,931**	**2,197**	**8,049**

By definition, most care quality concerns relate to care – for example, deficiencies in care, misdiagnosis, or medication-related concerns – therefore, complaints tend to be concentrated in that category. In BC, PCQOs logged 2,268 complaints related to care, which represents an increase of 538 over 09/10. Attitude and conduct followed with 1,393 complaints, with an increase of 139 over 09/10. Accessibility (which includes issues such as wait-times for surgery or test results and the availability of services) was the third most frequently reported issue at 1,085. Communication was fourth at 813, followed by environment (which includes issues such as food services, housekeeping, and parking) at 457.

Chart 3: PCQO Top 5 Issues, BC, 2009/10-2010/11



4 The Patient Care Quality Offices categorize patient complaints using a common reporting framework. Complaints are first categorized according to health sector – including Acute Care, Ambulatory Care, Emergency Care, Home and Community Care, Mental Health and Addictions, Residential Care, and Public Health, among others – then further broken down by subject. Last year we reported the top ten issues by sector and subject; this year we have reported the top five subjects across sectors, which gives a more accurate picture of the key concerns patients bring to their Patient Care Quality Offices. Note that one complaint typically encompasses more than one care issue, so the total number of care issues will generally be higher than the total number of complaints.

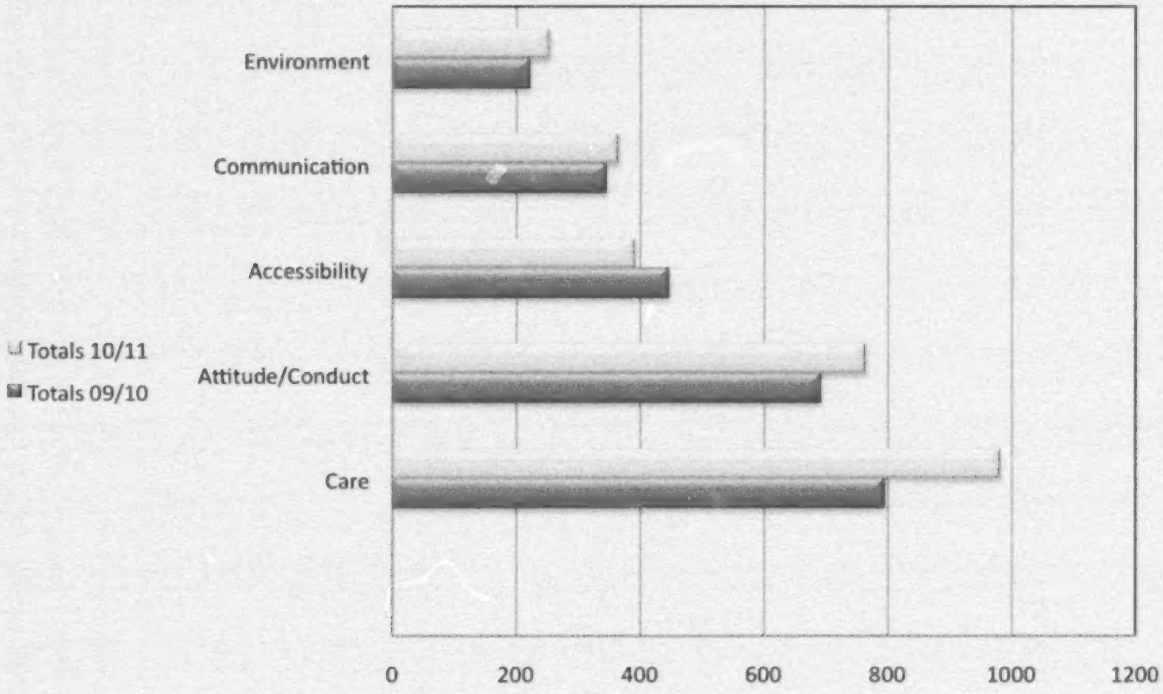
Fraser Health Authority (FHA)

Table 4: PCQO Volume, FHA, 2010/11

	Apr-June 2010	July-Sept 2010	Oct-Dec 2010	Jan-Mar 2011	Total
External Complaints	11	21	19	15	66
Care Quality Complaints	498	528	500	566	2,092
Inquiries	62	96	55	51	264
Total Volume	**571**	**645**	**574**	**632**	**2,422**

FHA logged 982 complaints in the care category, which represents an increase of 187 over 09/10. Attitude and conduct was the second most frequently reported concern with 765 complaints. Accessibility was third at 393, followed by communication at 366 and environment at 255. Note that FHA's service population is larger than other health authorities, while their geographic area is smaller – which results in a higher overall volume.

Chart 4: PCQO Top 5 Issues, FHA, 2010/11



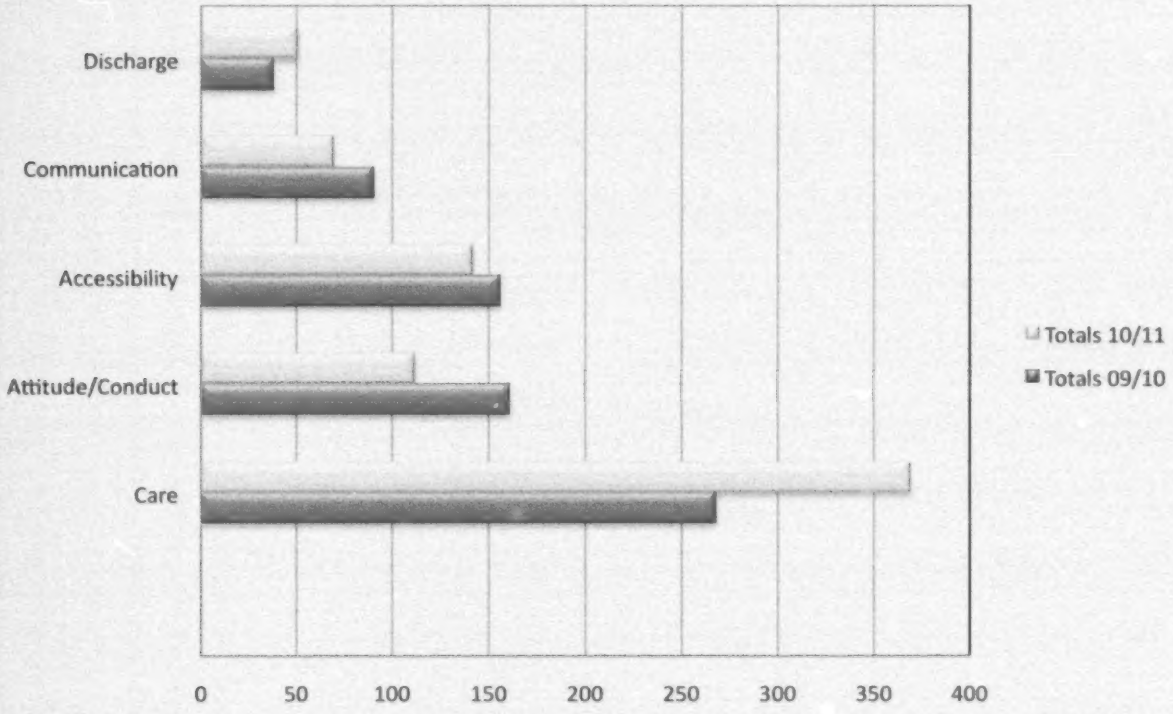
Interior Health Authority (IHA)

Table 5: PCQO Volume, IHA, 2010/11

	Apr-June 2010	July-Sept 2010	Oct-Dec 2010	Jan-Mar 2011	Total
External Complaints	14	10	12	7	43
Care Quality Complaints	230	220	248	250	948
Inquiries	32	64	49	46	191
Total Volume	**276**	**294**	**309**	**303**	**1,182**

IHA logged 369 complaints in the care category, which represents an increase of 101 over 09/10. Accessibility replaced attitude and conduct as the second most frequently reported concern with 142 complaints. Attitude and conduct was third at 112, followed by communication at 70 and discharge (which includes issues such as incomplete discharge information, premature or delayed discharge, etc.)

Chart 5: PCQO Top 5 Issues, IHA, 2010/11



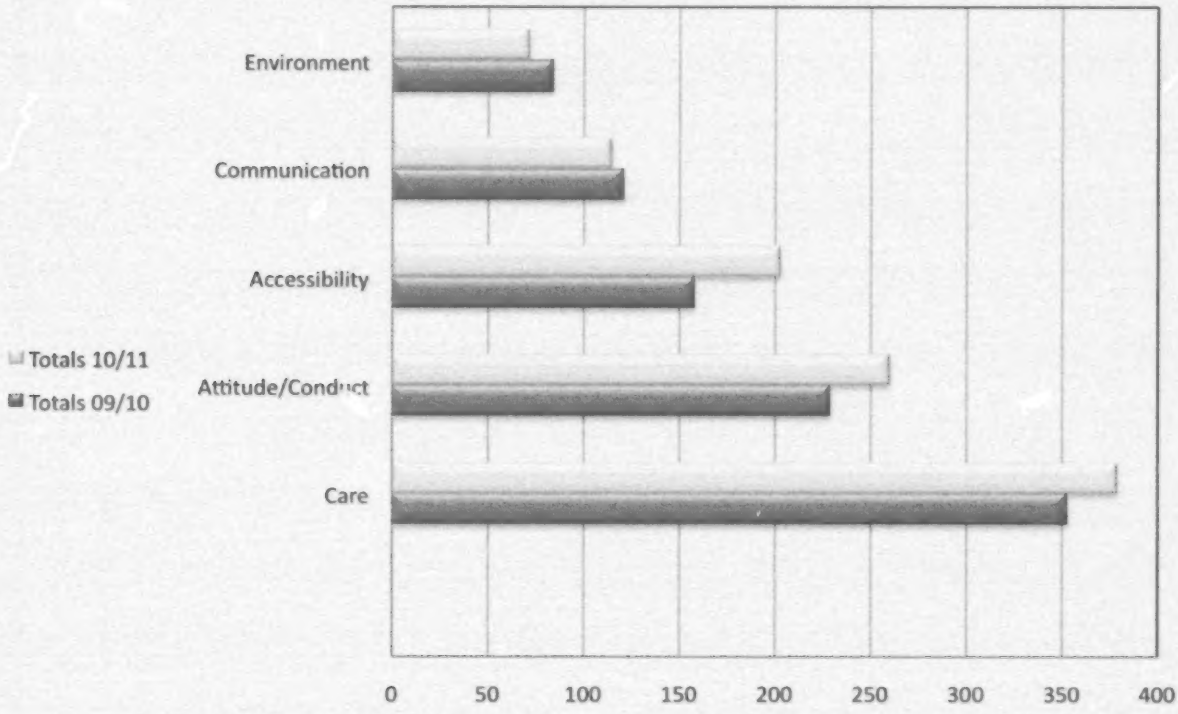
Vancouver Coastal Health Authority (VCHA)

Table 6: PCQO Volume, VCHA, 2010/11

	Apr-June 2010	July-Sept 2010	Oct-Dec 2010	Jan-Mar 2011	Total
External Complaints	8	11	8	7	34
Care Quality Complaints	179	221	187	301	888
Inquiries	82	36	44	72	234
Total Volume	**269**	**268**	**239**	**380**	**1,156**

VCHA logged 379 complaints in the care category, with a marginal increase of 26 over 09/10. Attitude and conduct followed at 260, with accessibility at 203, communication at 115, and environment at 72.

Chart 6: PCQO Top 5 Issues, VCHA, 2010/11



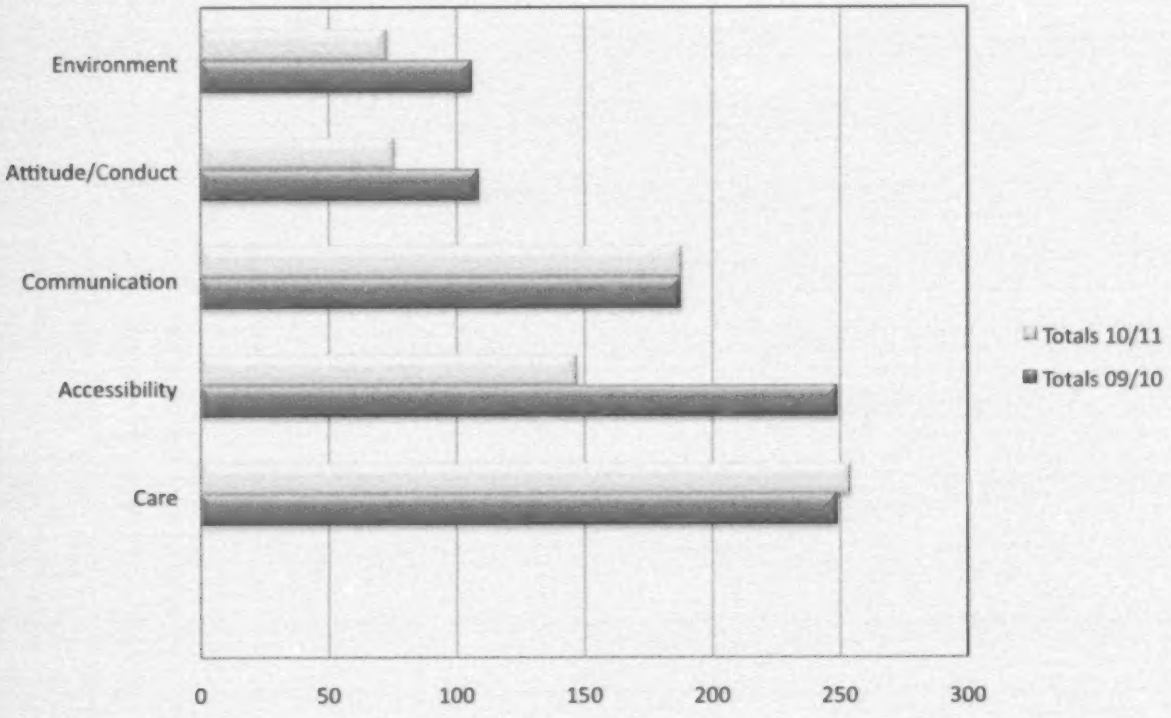
Vancouver Island Health Authority (VIHA)

Table 7: PCQO Volume, VIHA, 2010/11

	Apr-June 2010	July-Sept 2010	Oct-Dec 2010	Jan-Mar 2011	Total
External Complaints	23	15	26	22	86
Care Quality Complaints	259	283	246	251	1,039
Inquiries	242	182	225	243	892
Total Volume	**524**	**480**	**497**	**516**	**2,017**

VIHA logged 254 concerns in the care category. Communication was their second most frequently reported complaint at 188. Accessibility followed at 147, which represents a decrease of 102 from 09/10. Attitude and conduct was fourth at 76, followed closely by environment at 73.

Chart 7: PCQO Top 5 Issues, VIHA, 2010/11



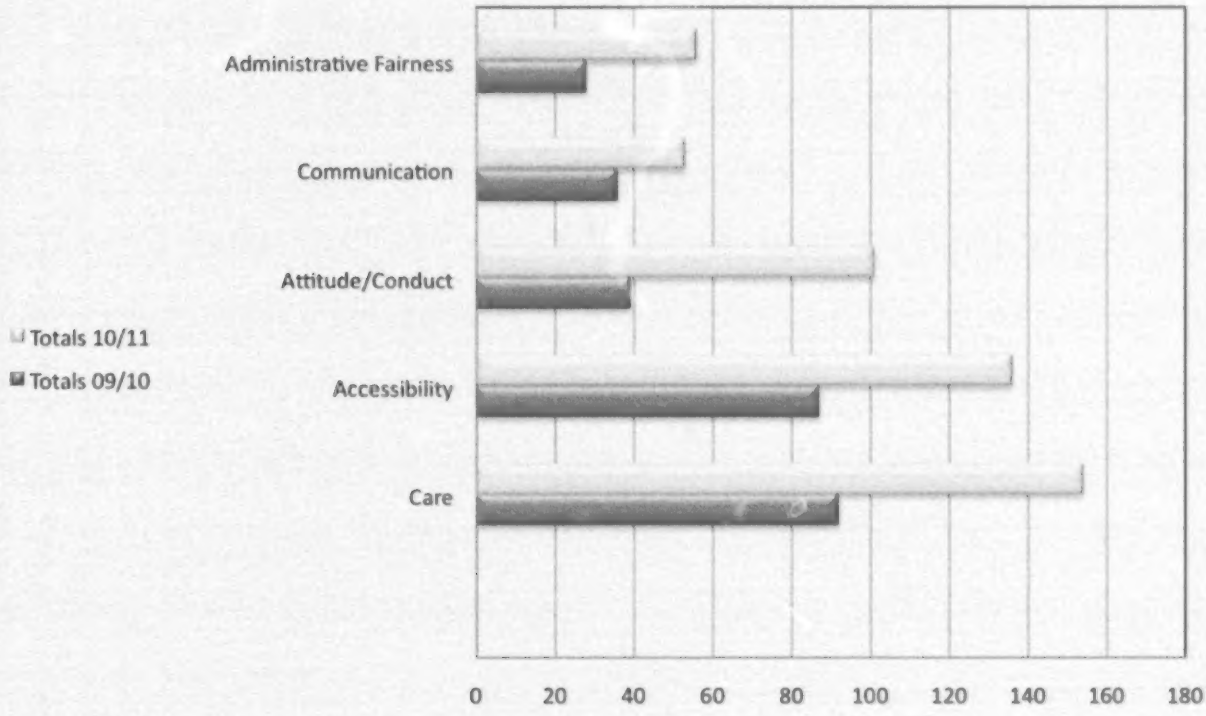
Northern Health Authority (NHA)

Table 8: PCQO Volume, NHA, 2010/11

	Apr-June 2010	July-Sept 2010	Oct-Dec 2010	Jan-Mar 2011	Total
External Complaints	14	13	13	11	51
Care Quality Complaints	87	65	57	81	290
Inquiries	4	10	15	22	51
Total Volume	**105**	**88**	**85**	**114**	**392**

NHA logged 154 complaints in their care category, which represents an increase of 62 over 09/10. Accessibility was the second most frequently reported concern at 136, followed by attitude and conduct at 101, which increased by 65 over 09/10. Administrative fairness was fourth at 56, followed closely by communication at 53. Note that NHA serves a smaller population relative to the other health authorities, while their geographic area is large – this results in lower overall volumes.

Chart 8: PCQO Top 5 Issues, NHA, 2010/11



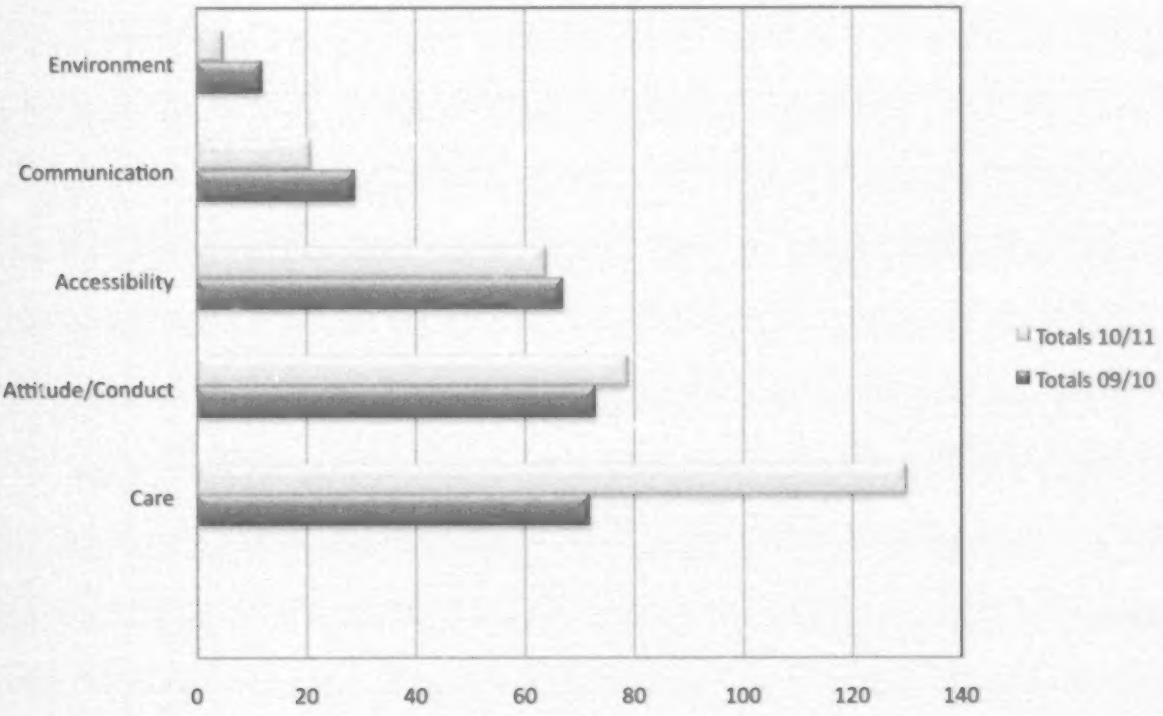
Provincial Health Services Authority (PHSA)

Table 9: PCQO Volume, PHSA, 2010/11

	Apr-June 2010	July-Sept 2010	Oct-Dec 2010	Jan-Mar 2011	Total
External Complaints	5	9	10	2	26
Care Quality Complaints	61	53	51	67	232
Inquiries	143	130	166	183	622
Total Volume	**209**	**192**	**227**	**252**	**880**

PHSA logged 130 complaints in the care category, which represents an increase of 58 over 09/10. Attitude and conduct was the second most frequently reported complaint at 79, followed closely by accessibility at 64. Communication was fourth with 21 complaints, followed by environment with only 5. Note that PHSA's population is based on specific provincial agencies and services, which results in a lower overall volume.

Chart 9: PCQO Top 5 Issues, PHSA, 2010/11



Appendix B | *Financial Information*

Expenditures		Actual 2010/11 $
Board Members		
Board Member meeting fees and expenses		78,692
	Total	*78,692*
Board Support		
Board Support Personnel		542,551
Board Support Travel		14,318
Legal Expenses and Professional Services		3,037
Office Business and Info Systems		14,924
	Total	*574,830*
Total Expenditures		653,522

Appendix C Guidelines for Empathetic Response Letters

These guidelines set out 5 core principles of empathetic communication – responsiveness, accuracy, compassion, respect, and accessibility – along with 14 key points to consider when developing an empathetic response letter. While the principles should be broadly incorporated into all correspondence, the guidelines themselves are not a template for empathetic communication. After all, empathetic communication means recognizing and responding to people as *unique individuals*. As our knowledge and experience grow, the guidelines will continue to evolve.

Principles	Considerations

Responsive
Acknowledge and respond to each of the complainant's concerns.
	• **Demonstrate an understanding of the complainant's concerns.**
	  ○ Include and describe each of the complainant's specific concerns.
	  ○ Paraphrase the complainant's concerns.
	  ○ Accurately represent the complainant's version of events.
	• **Respond directly to each of the complainant's concerns.**
	  ○ Present the resolution, actions, or recommendations as a logical response to the concerns that were raised.
	  ○ Address all of the complainant's concerns first before commenting on related issues.

Accurate
Give the complainant a specific, thorough and factual account of how each concern was addressed.
	• **Describe the steps taken to investigate/review/resolve the complaint** – demonstrate due diligence. Show complainants that you take their concerns seriously.
	• **Explain findings, providing a rationale based on fact.**
	  ○ Be specific. For example, explain the criteria used to determine whether a patient received appropriate care.
	  ○ Be straightforward. Acknowledge where there is uncertainty and explain why.
	  ○ Provide the information a complainant needs to understand the care and/or complaint.
	  ○ Provide context for policies, procedures, and protocols (help the complainant understand why those policies are in place).
	  ○ Avoid speculation or opinion.
	• **Provide information relevant to the outcome, remedy, or resolution the complainant is seeking.**
	  ○ Answer any outstanding questions.
	  ○ Be specific about the outcome. For example, what changes will be made? What are the timelines for implementation? Who can they contact for more information?

Respectful
Show consideration for the complainant.
	• **Respect the complainant's unique identity.**
	  ○ Write without prejudice, making no social or cultural assumptions.
	  ○ Use appropriate pronouns (e.g. she, he, they), titles (e.g. Mr, Ms, Mrs, Dr, Chief, etc.), and nouns (e.g. complainant, patient, resident, client, etc.)
	  ○ Include personal information only if necessary (e.g. aspects of the complainant's medical history or lifestyle only if they relate to the case).
	• **Use the first-person** (i.e. 'I' or 'we'), rather than personifying institutions (e.g. "the health authority believes..." or "the Board expresses its condolence").
	• **Be polite and professional.**
	  ○ Thank the complainant for providing an opportunity to respond to concerns.
	  ○ Use common courtesy (e.g. 'please' if making request).
	  ○ Use appropriate language. Avoid sarcasm and colloquialisms.

Guidelines for Empathetic Response Letters

Compassionate
Recognize and acknowledge the complainant's emotions and experiences.
	• **Demonstrate a respect for the complainant's emotions.**
	  ○ Represent the complainant's emotions accurately. Avoid downplaying or exaggerating them (e.g. do not rephrase "furious and disgusted" as "concerned").
	  ○ Avoid questioning or undermining the validity of the complainant's feelings. For example:
	  ▪ "I understand you feel enraged, **but**..." (Using 'but' in this way undermines the expressed understanding. Allow that understanding to stand alone in a sentence.)
	  ▪ You state that you felt "violated." (Placing single words inside quotation marks often reads sarcastically.)
	• **Demonstrate a genuine concern for the complainant's experience.**
	  ○ Express condolence/concern in situations where the events themselves are emotionally charged (e.g. death of a loved one, miscarriage).
	  ○ As appropriate, offer an apology for the complainant's emotional experience.
	  ○ Express good intention.

Accessible
Help the complainant access – and understand – information.
	• **Include the individuals involved.**
	  ○ If a complaint is made on behalf of a living patient, address and send the response to both the patient and, with the patient's consent, the complainant.
	• **Consider the audience.**
	  ○ Write and format to accommodate the reader's unique needs (e.g. literacy, mental health status, language or cultural barriers, disabilities, etc.)
	• **Use plain language** (see resources on page 3):
	  ○ Write short, active sentences.
	  ○ Use simple every-day words.
	  ○ Use terms consistently.
	  ○ Punctuate appropriately.
	  ○ Organize the text:
	  ▪ Arrange information in a logical sequence (e.g. according to importance, relevance, or timeline).
	  ▪ Pair findings with evidence.
	  ▪ Introduce each paragraph with a topic sentence (i.e. the reader should be able to understand the basic points in the letter by reading only the first sentence of each paragraph).
	  ▪ Use informative headings.
	  ○ Edit and proofread (for spelling errors, grammar, sentence structure, formatting, and consistency).
	• **Help the complainant navigate the system.**
	  ○ Outline what options the complainant has and what the next steps will be.
	  ○ Include contact information when referring complainant to another institution (e.g. College of Physicians and Surgeons of BC).

Guidelines for Empathetic Response Letters

Sources

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Northouse, Peter and Laura. 1992. "Health communication: Strategies for health professionals." Connecticut. Prentice Hall.

Rosenberg, Marshall. 1999. "Nonviolent communication: A language of compassion." California. Puddle Dancer Press.

Williams, Diana. 1997. "Communication skills in practice: A practical guide for health professionals." London. Jessica Kingsley Publishers.

Plain Language Resources

- Federal plain language guidelines:
  http://www.plainlanguage.gov/howto/guidelines/reader-friendly.cfm
- Plain Language Online Training:
  http://www.web.net/~plain/PlainTrain/IntroducingPlainLanguage.html
- Plain Language Association International (PLAIN):
  http://www.plainlanguagenetwork.org/Resources/index.html
- Government of Canada Publications: Plain Language Clear and Simple.
  http://publications.gc.ca/pub?id=19772&sl=0

Further Information

Patient Care Quality Review Board Act

A copy of the *Patient Care Quality Review Board Act* may be obtained from www.patientcarequalityreviewboard.ca or by calling BC Laws toll-free at 1 866 236-5544.

Contact the Patient Care Quality Review Boards

For more information about the Patient Care Quality Review Boards, or to request a review, please contact:

Patient Care Quality Review Boards
PO Box 9643
Victoria BC V8W 9P1

Toll Free: *1 866 952-2448*
Fax: *250 952-2428*
Email: *contact@patientcarequalityreviewboard.ca*

Contact a Patient Care Quality Office

To make a complaint regarding the quality of care that you or a loved one received, please contact the health authority Patient Care Quality Office in your region:

Vancouver Coastal Health Authority

855 West 12th Avenue, CP-380
Vancouver, B.C. V5Z 1M9

Telephone: 1-877-993-9199 (toll-free)

Fax: 604-875-5545
Email: pcqo@vch.ca
Website: www.vch.ca

Vancouver Island Health Authority

Royal Jubilee Hospital
Memorial Pavilion, Watson Wing, Rm 315
1952 Bay Street
Victoria, B.C. V8R 1J8

Telephone: 1-877-977-5797 (toll-free)
Fax: 250-370-8137
Email: patientcarequalityoffice@viha.ca
Website: www.viha.ca

Interior Health Authority

220-1815 Kirschner Road
Kelowna, B.C. V1Y 4N7

Telephone: 1-877-442-2001 (toll-free)
Fax: 250-870-4670
Email: patient.concerns@interiorhealth.ca
Website: www.interiorhealth.ca

Fraser Health Authority

11762 Laity St, 4th floor
Maple Ridge, B.C. V2X 5A3

Telephone: 1-877-880-8823 (toll-free)
Fax: 604-463-1888
Email: pcqoffice@fraserhealth.ca
Website: www.fraserhealth.ca

Northern Health Authority

6th floor, 299 Victoria Street
Prince George, B.C. V2L 5B8

Telephone: 1-877-677-7715 (toll-free)
Fax: 250-565-2640
Email:
patientcarequalityoffice@northernhealth.ca
Website: www.northernhealth.ca

Provincial Health Services Authority

(Includes provincial agencies and services such as BC Cancer Agency, BC Renal Agency, BC Transplant, and BC Women's and Children's Hospital)

4th Floor, Women's Health Centre
Room F404
4500 Oak Street
Vancouver, B.C. V6H 3N1

Telephone: 1-888-875-3256 (toll-free)
Fax: 604-875-3813
Email: pcqo@phsa.ca
Website: www.phsa.ca

Patient Care Quality
Review Boards